

SERFF Tracking Number:	ARKS-125444631	State:	Arkansas
Filing Company:	MDOW Insurance Company	State Tracking Number:	#1044 \$100
Company Tracking Number:	AF-2007-24DPR		
TOI:	01.0 Property	Sub-TOI:	01.0002 Personal Property (Fire and Allied Lines)
Product Name:	N/A		
Project Name/Number:	/		

## Filing at a Glance

Company: MDOW Insurance Company

Product Name: N/A

TOI: 01.0 Property

Sub-TOI: 01.0002 Personal Property (Fire and Allied Lines)

Filing Type: Rate/Rule

SERFF Tr Num: ARKS-125444631

SERFF Status: Closed

Co Tr Num: AF-2007-24DPR

Co Status:

Author:

Date Submitted: 01/22/2008

State: Arkansas

State Tr Num: #1044 \$100

State Status: Fees verified and received

Reviewer(s): Becky Harrington, Betty Montesi, Brittany Yielding

Disposition Date: 01/22/2008

Disposition Status: Filed

Effective Date (New): 02/01/2008

Effective Date (Renewal):

Effective Date Requested (New):

Effective Date Requested (Renewal):

State Filing Description:

Initial LC filing

## General Information

Project Name:

Project Number:

Reference Organization: AAIS

Reference Title:

Filing Status Changed: 01/22/2008

State Status Changed: 01/22/2008

Corresponding Filing Tracking Number:

Filing Description:

Initial DP-1 program LC filing

Status of Filing in Domicile:

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

## Company and Contact

### Filing Contact Information

SERFF Tracking Number:	ARKS-125444631	State:	Arkansas
Filing Company:	MDOW Insurance Company	State Tracking Number:	#1044 \$100
Company Tracking Number:	AF-2007-24DPR		
TOI:	01.0 Property	Sub-TOI:	01.0002 Personal Property (Fire and Allied Lines)
Product Name:	N/A		
Project Name/Number:	/		

NA NA,	NA@NA.com
NA	(123) 555-4567 [Phone]
NA, AR 00000	

**Filing Company Information**

MDOW Insurance Company	CoCode: 12810	State of Domicile: Texas
2200 W Alabama St	Group Code:	Company Type:
Suite 210		
Houston, TX 77098	Group Name:	State ID Number:
(713) 528-6686 ext. [Phone]	FEIN Number: 20-5465843	
	-----	

*SERFF Tracking Number:*      *ARKS-125444631*

*State:*      *Arkansas*

*Filing Company:*      *MDOW Insurance Company*

*State Tracking Number:*      *#1044 \$100*

*Company Tracking Number:*      *AF-2007-24DPR*

*TOI:*      *01.0 Property*

*Sub-TOI:*      *01.0002 Personal Property (Fire and Allied  
Lines)*

*Product Name:*      *N/A*

*Project Name/Number:*      */*

## **Filing Fees**

Fee Required?      No

Retaliatory?      No

Fee Explanation:

Per Company:      No

*SERFF Tracking Number:* ARKS-125444631

*State:* Arkansas

*Filing Company:* MDOW Insurance Company

*State Tracking Number:* #1044 \$100

*Company Tracking Number:* AF-2007-24DPR

*TOI:* 01.0 Property

*Sub-TOI:* 01.0002 Personal Property (Fire and Allied Lines)

*Product Name:* N/A

*Project Name/Number:* /

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Filed	Becky Harrington	01/22/2008	01/22/2008

*SERFF Tracking Number:*      *ARKS-125444631*

*State:*      *Arkansas*

*Filing Company:*      *MDOW Insurance Company*

*State Tracking Number:*      *#1044 \$100*

*Company Tracking Number:*      *AF-2007-24DPR*

*TOI:*      *01.0 Property*

*Sub-TOI:*      *01.0002 Personal Property (Fire and Allied  
Lines)*

*Product Name:*      *N/A*

*Project Name/Number:*      */*

## **Disposition**

Disposition Date: 01/22/2008

Effective Date (New): 02/01/2008

Effective Date (Renewal):

Status: Filed

Comment: Initial LC filing for DP-1 program

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>ARKS-125444631</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>MDOW Insurance Company</i>	<i>State Tracking Number:</i>	<i>#1044 \$100</i>
<i>Company Tracking Number:</i>	<i>AF-2007-24DPR</i>		
<i>TOI:</i>	<i>01.0 Property</i>	<i>Sub-TOI:</i>	<i>01.0002 Personal Property (Fire and Allied Lines)</i>
<i>Product Name:</i>	<i>N/A</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Filed	Yes
Supporting Document	NAIC Loss Cost Filing Document for OTHER than Workers' Comp	Filed	Yes
Supporting Document	ARKS-125444631	Approved	No

*SERFF Tracking Number:*      *ARKS-125444631*

*State:*      *Arkansas*

*Filing Company:*      *MDOW Insurance Company*

*State Tracking Number:*      *#1044 \$100*

*Company Tracking Number:*      *AF-2007-24DPR*

*TOI:*      *01.0 Property*

*Sub-TOI:*      *01.0002 Personal Property (Fire and Allied  
Lines)*

*Product Name:*      *N/A*

*Project Name/Number:*      */*

## **Rate Information**

Rate data does NOT apply to filing.

SERFF Tracking Number: ARKS-125444631

State: Arkansas

Filing Company: MDOW Insurance Company

State Tracking Number: #1044 \$100

Company Tracking Number: AF-2007-24DPR

TOI: 01.0 Property

Sub-TOI: 01.0002 Personal Property (Fire and Allied Lines)

Product Name: N/A

Project Name/Number: /

## Supporting Document Schedules

<b>Unsatisfied -Name:</b>	Uniform Transmittal Document-Property & Casualty	<b>Review Status:</b>	
		Filed	01/22/2008

**Comments:**

<b>Unsatisfied -Name:</b>	NAIC Loss Cost Filing Document for OTHER than Workers' Comp	<b>Review Status:</b>	
		Filed	01/22/2008

**Comments:**

<b>Satisfied -Name:</b>	ARKS-125444631	<b>Review Status:</b>	
		Approved	01/23/2008

**Comments:**

**Attachment:**  
ARKS-125444631.pdf



ARKS-125444631 CK 1044

100.00

BH



2200 W. ALABAMA ST.  
SUITE 210  
HOUSTON, TEXAS 77098

**MDOW**  
Insurance  
Company

713 528 6686  
1-800-275-6768  
FAX 713 528 7003

**FILED**

JAN 14 2008

January 11, 2008

Arkansas Department of Insurance  
1200 West Third Street  
Little Rock, AR 72201-1904

PROPERTY AND CASUALTY  
ARKANSAS INSURANCE DEPT.

**RECEIVED**

JAN 14 2008

RE: AF-2007-24DPR

CK#1043 Same  
\$50  
CK#1044 Rates  
\$100

PROPERTY AND CASUALTY DIVISION  
ARKANSAS INSURANCE DEPARTMENT

Dear Sir or Madam:

MDOW Insurance Company (MDOW) is submitting our initial adoption filing of the AAIS Dwelling Properties manual rules, rating information and loss costs. MDOW is affiliated with AAIS for this line of insurance.

With this filing, MDOW is adopting the AAIS Dwelling Properties rules and loss costs as currently approved. The attached exhibit identifies the filings being adopted.

MDOW proposes to implement this filing effective February 1, 2008.

Should you have any questions concerning this filing, please do not hesitate to contact us.

Sincerely,

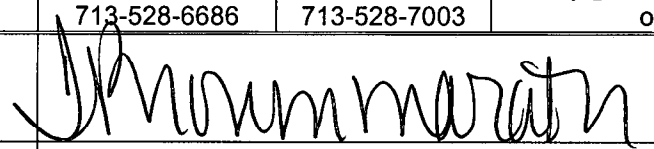
Tiffany Phoummarath  
Underwriting Manager  
tiffany@mdowinsurance.com

## Property &amp; Casualty Transmittal Document

<b>1. Reserved for Insurance Dept. Use Only</b>  <div style="text-align: center; font-size: 2em; font-weight: bold; transform: rotate(-10deg);">             FILED JAN 14 2008 PROPERTY AND CASUALTY ARKANSAS INSURANCE DEPT.           </div>	<b>2. Insurance Department Use only</b> a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: <div style="display: flex; justify-content: space-between;"> <div>New Business</div> <div></div> </div> <div style="display: flex; justify-content: space-between;"> <div>Renewal Business</div> <div></div> </div> f. State Filing #: g. SERFF Filing #: h. Subject Codes
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

<b>3. Group Name</b>	<b>Group NAIC #</b> 0000			
<b>4. Company Name(s)</b> MDOW Insurance Company	Domicile TX	NAIC # 12810	FEIN # 20-5465843	State #
<div style="font-size: 2em; font-weight: bold; transform: rotate(-10deg);">             RECEIVED JAN 14 2008 PROPERTY AND CASUALTY DIVISION ARKANSAS INSURANCE DEPARTMENT           </div>				
<b>5. Company Tracking Number</b>		AF-2007-24DPR		

## Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Tiffany Phoummarath P O Box 540307 Houston, TX 77254	Operations Manager	713-528-6686	713-528-7003	tiffany@columbialloyds.com
7. Signature of authorized filer				
8. Please print name of authorized filer		Tiffany Phoummarath		

## Filing Information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	
10. Sub-Type of Insurance (Sub-TOI)	
11. State Specific Product code(s) (if applicable) [See State Specific Requirements]	
12. Company Program Title (Marketing Title)	Dwelling Properties
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input checked="" type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: 2/1/08      Renewal:
15. Reference Filing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
16. Reference Organization (if applicable)	American Association of Insurance Services
17. Reference Organization # & Title	
18. Company's Date of Filing	1/11/08
19. Status of filing in domicile	<input checked="" type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

**Property & Casualty Transmittal Document**

20.	<b>This filing transmittal is part of Company Tracking #</b>	AF-2007-24DPR
21.	<b>Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]	

Re: AF-2007-24DPR

MDOW Insurance Company

NAIC #: 12810, FEIN: 20-5465843

Dwelling Properties Program

Initial Adoption of AAIS Program and Loss Cost Multiplier

Dear Sir or Madam:

MDOW Insurance Company (MDOW) is submitting their initial adoption filing of the AAIS Dwelling Properties manual rules, rating information and loss costs. MDOW is affiliated with AAIS for this line of insurance.

With this filing, MDOW is adopting the AAIS Dwelling Properties rules and loss costs as currently approved. The attached exhibit identifies the filings being adopted.

MDOW proposes to implement this filing effective February 1, 2008.

Should you have any questions concerning this filing, please do not hesitate to contact us.

Sincerely,

Tiffany Phoummarath

Operations Manager

tiffany@cumbialloyds.com

22.	<b>Filing Fees</b> (Filer must provide check # and fee amount if applicable.) [If a state requires you to show how you calculated your filing fees, place that calculation below]
<p>Check #: 1044 Amount: 100.00</p> <p>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p>	

\*\*\*Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

## PROPERTY & CASUALTY RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

**(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)**

1. This filing transmittal is part of Company Tracking # AF-2007-24DPR

2. This filing corresponds to form filing number AF-2007-24DPF  
(Company tracking number of form filing, if applicable)

☐ Rate Increase

☐ Rate Decrease

☒ Rate Neutral (0%)

3. Filing Method (Prior Approval, File & Use, Flex Band, etc.) File & Use

4a. Rate Change by Company (As Proposed)							
Company Name	Overall % Indicated Change (when Applicable)	Overall % Rate Impact	Written Premium Change for this program	# of policyholders affected for this program	Written premium for this program	Maximum %Change (where required)	Minimum %Change (where required)
MDOW Insurance Company	0.0	0	0	0	0	0	0

4b. Rate Change by Company (As Accepted) For State Use Only							
Company Name	Overall % Indicated Change (when Applicable)	Overall % Rate Impact	Written Premium Change for this program	# of policyholders affected for this program	Written premium for this program	Maximum %Change (where required)	Minimum %Change (where required)

### 5. Overall Rate Information (Complete for Multiple Company Filings only)

		COMPANY USE	STATE USE
5a.	Overall percentage rate indication(when applicable)		
5b.	Overall percentage rate impact for this filing		
5c.	Effect of Rate Filing – Written premium change for this program		
5d.	Effect of Rate Filing - Number of policyholders affected		

6.	Overall percentage of last rate revision	N/A - this is initial filing
7.	Effective Date of last rate revision	N/A - this is initial filing
8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	N/A - this is initial filing

9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
02		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
03		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	

**FORM RF2- Reference filing abstract NAIC LOSS COST FILING DOCUMENT—OTHER THAN  
WORKERS' COMPENSATION**

**CALCULATION OF COMPANY LOSS COST MULTIPLIER**

This filing transmittal is part of Company Tracking #	AF-2007-24DPR
This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	AF-2007-24DPF

- ☒ **Loss Cost Reference Filing** AAIS-2002-28; AAIS-2005-39 (AR-PC-05-015964); AAIS-2006-15DP (AR-PC-06-019022)  
(Advisory Org. & Reference filing #)
- ☐ **Independent Rate Filing**

If this is a loss cost filing adopting an advisory organization's loss costs, the above insurer hereby declares that it is a member, subscriber or service purchaser of the named advisory organization for this line of insurance. The insurer hereby files (to be deemed to have independently submitted as its own filing) the prospective loss costs in the captioned Reference Filing. The insurer's rates will be the combination of the prospective loss costs and the loss cost multipliers and, if utilized, the expense constants specified in the attachments.

**1. Check one of the following:**

- ☒ The insurer hereby files to have its loss cost multipliers and, if utilized, expense constants be applicable to future revisions of the advisory organization's prospective loss costs for this line of insurance. The insurer's rates will be the combination of the advisory organization's prospective loss costs and the insurer's loss cost multipliers and if utilized, expense constants specified in the attachments. The rates will apply to policies written on or after the effective date of the advisory organization's prospective loss costs. This authorization is effective until disapproved by the Commissioner, or until amended or withdrawn by the insurer. **Note: Some states have statutes that prohibit this option for some lines of business.**
- ☐ The insurer hereby files to have its loss cost multipliers and, if utilized, expense constants be applicable only to the above Advisory Organization Reference Filing.

- 2. Line, Subline, Coverage, Territory, Class, etc. combination to which this page applies:** Dwelling Properties Program

**3. Loss cost modification:**

- A.** The insurer hereby files to adopt the prospective loss costs in the captioned reference filing (Check One):
- ☒ Without Modification (factor = 1.000)
- ☐ With the following modification(s). (Cite the nature and percent modification, and attach supporting data and/or rationale for the modification.) \_\_\_\_\_

- B.** Loss Cost Modification Expressed as a Factor: (See Examples Below) 1.000

- Example 1: Loss cost Modification Factor: If your company's loss cost modification is -10%, a factor of .90 (1.000 - .100) should be used.
- Example 2: Loss cost Modification Factor: If your company's loss cost modification is =15%, a factor of 1.15 (1.000 + .150) should be used.

**NOTE: IF EXPENSE CONSTANTS ARE UTILIZED ATTACH "EXPENSE CONSTANT SUPPLEMENT" OR OTHER SUPPORTING INFORMATION. DO NOT COMPLETE ITEMS 4-8 BELOW.**

**4. Development of Expected Loss Ratio. (Attach exhibit detailing insurer expense data and/or other supporting information. Selected Provisions)**

<b>A.</b>	<b>Total Production Expense</b>	22.3	%
<b>B.</b>	<b>General Expense</b>	19.1	%
<b>C.</b>	<b>Taxes, Licenses &amp; Fee</b>	3.4	%
<b>D.</b>	<b>Underwriting profit &amp; Contingencies (explain how investment income is taken into account)</b>	5.0	%
<b>E.</b>	<b>Other (explain)</b>		%
<b>F.</b>	<b>Total</b>	49.9	%

<b>5.</b>	<b>A.</b>	<b>Expected Loss Ratio: ELR = 100% - 4F = A</b>	50.1	%
	<b>B.</b>	<b>ELR in Decimal Form =</b>	0.501	
<b>6.</b>		<b>Company Formula Loss Cost Multiplier (3B/5B)</b>	1.994	
<b>7.</b>		<b>Company Selected Loss Cost Multiplier = (Attach explanation for any differences between 6 and 7)</b>	1.994	
<b>8.</b>		<b>Rate Level Change for the coverage(s) to which this page applies</b>	New program	

# FORM RF-1 Rate Filing Abstract NAIC LOSS COST DATA ENTRY DOCUMENT

1.	This filing transmittal is part of Company Tracking #	AF-2007-24DPR
2.	If filing is an adoption of an advisory organization loss cost filing, give name of Advisory Organization and Reference/ Item Filing Number	AAIS-2002-28; AAIS-2005-39 (AR-PC-05-015964); AAIS-2006-15DP (AR-PC-06-019022)

Company Name		Company NAIC Number
3. A.	MDOW Insurance Company	12810
B.		

Product Coding Matrix Line of Business (i.e., Type of Insurance)		Product Coding Matrix Line of Insurance (i.e., Sub-type of Insurance)
4. A.	B.	

FOR LOSS COSTS ONLY						
(A) COVERAGE (See Instructions)	(B) Indicated % Rate Level Change	(C) Requested % Rate Level Change	(D) Expected Loss Ratio	(E) Loss Cost Modification Factor	(F) Selected Loss Cost Multiplier	(H) Co. Current Loss Cost Multiplier
AAIS Dwelling Properties Program (New Program)	n/a	n/a	0.501	1.000	1.994	n/a
TOTAL OVERALL EFFECT	n/a	n/a	0.501	1.000	1.994	n/a

5 Year History					Rate Change History		
Year	Policy Count	% of Change	Effective Date	State Earned Premium (000)	Incurred Losses (000)	State Loss Ratio	Countrywide Loss Ratio
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

7.		
Expense Constants	Expense Constants	Selected Provisions
A. Total Production Expense		22.3
B. General Expense		19.1
C. Taxes, License & Fees		3.4
D. Underwriting Profit & Contingencies		5.0
E. Other (explain)		
F. TOTAL		49.9

8. Apply Lost Cost Factors to Future filings? (Y or N)
9. N/A Estimated Maximum Rate Increase for any Insured (%). Territory (if applicable):
10. N/A Estimated Maximum Rate Decrease for any Insured (%). Territory (if applicable):

N/A - INITIAL PROGRAM ADOPTION FILING - NO DATA TO REPORT

**MDOW Insurance Company**  
**Loss Cost Multiplier Calculation**

Arkansas

Dwelling Properties Program

Expense Description	Projected Totals	Percentage	Selected Percentage
1. Direct Premiums Written	350	100.0%	100.0%
2. Direct Commission & Brokerage Incurred	70	20.0%	20.0%
3. Other Acquisition Costs	8	2.3%	2.3%
4. General Expenses Incurred	67	19.1%	19.1%
5. Taxes, Licenses, and Fees	12	3.4%	3.4%

6. Profit & Contingency Provision .....	5.0%
-----------------------------------------	------

7. Total Expenses [(2)+(3)+(4)+(5)+(6)].....	49.9%
8. Permissible Loss and LAE Ratio [100% - (7)].....	50.1%
9. Loss Cost Modification .....	1.000
10. Formula Loss Cost Multiplier [(9) / (8)].....	1.994

*Dollar amounts are in thousands -- (000) omitted!*

\* Company was founded in 2007

